

From vision to reality

Investing in promising cancer treatments,
putting patient needs first

Guy Buyens, Medical Director, Anticancer Fund

Gabry Kuijten, Coordinating physician My Cancer Navigator



Who we are





RELIABLE CANCER THERAPIES

Spin-off of RCT investing in start-ups



2009

- Swiss non-profit organisation
- Founded by entrepreneur Luc Verelst
- Started by Lydie Meheus (CEO)

2012

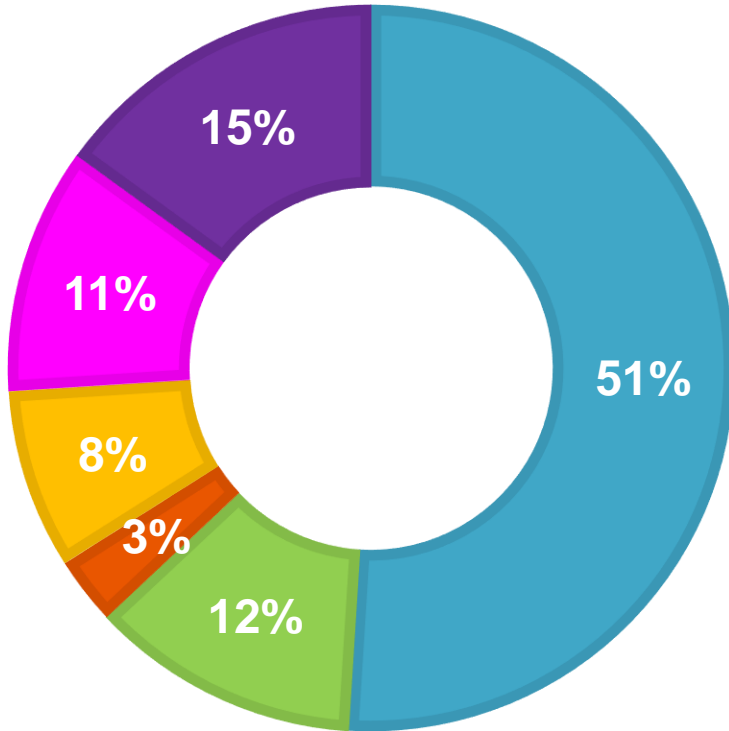


2013

- Belgian private research foundation

2018

- Belgian foundation of public utility



The ACF 2019 = € 1,9 M

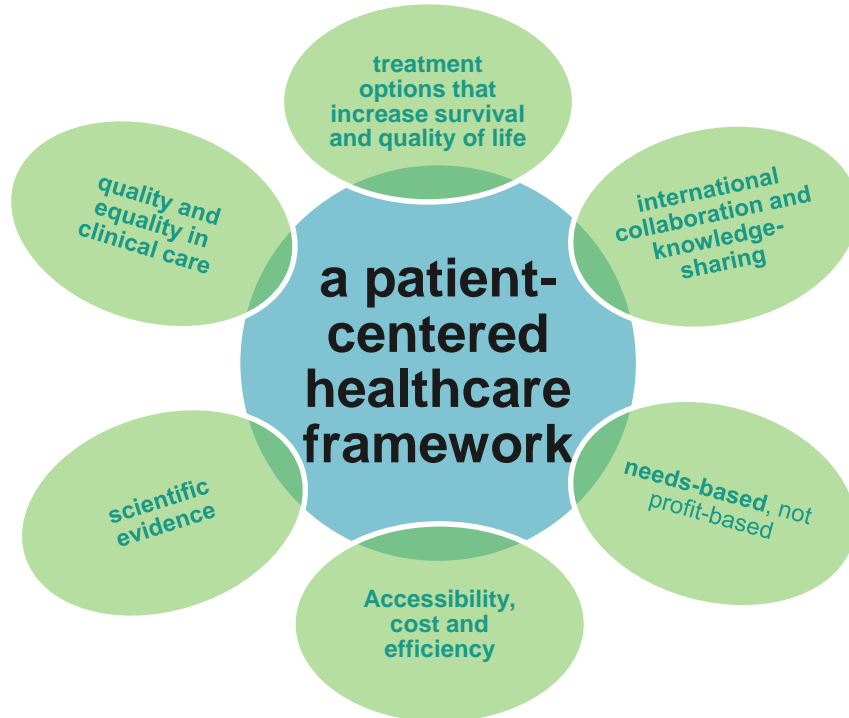
- *All overhead costs paid by the founder*
- *Donations are used entirely to fund the projects*

- research
- patient information
- policy
- fundraising and branding
- operating costs
- knowledge building

“ Private philanthropy has the freedom to think different, to do different and to make a difference ”

Our vision

Every cancer patient has the right to a chance in their fight against the disease.



1. **Informing patients**
2. **Involvement in clinical trials**
3. **Acting for policy changes**



Involvement in clinical trials

Involvement in clinical trials

Clinical research is our core activity:

- We are an independent, non-profit intermediary working with universities, hospitals and other stakeholders to set up **investigator-driven clinical trials**.
- Our trials focus on therapy avenues with **limited commercial value** for the pharma industry but potential societal value.
- As an impact-driven organisation, we select trials that can **bring new treatment options to patients** as rapidly as possible.



Financial support



Scientific and strategic input



Consortium-building



Protocol development and documentation

Criteria to get funding by the ACF

1. Patient-centered
2. Industry is not interested
3. Improving survival or cure rate
4. Limited risk of trial execution failure
5. Low competition



Evaluation Process



Projects selected through:

- Spontaneous applications (incl. some scouting)
- Call for projects

Our trial portfolio

- **11 trials completed (published or manuscript in writing)**
- **10 trials ongoing (open or in follow-up)**
- **4 trials in preparation**



Focus area:

- Drug repurposing
- Less common and rare cancers
- Combination therapies
- Preventing tumour recurrence

Scientifically promising treatments that have the potential for significant positive impact but lack a market push for further research

PropAngio

Neoadjuvant β -blocker in angiosarcoma patients

ViDME

Vitamin D treatment for melanoma

PROSPER

Perioperative use of a β -blocker and an anti-inflammatory drug in pancreatic cancer

METRO PD-1

Immunotherapy combined with low-dose chemotherapy in paediatric cancer

PIONEER

Pre-operative hormone treatment for ER+ breast cancer patients

B-AHEAD-3

Diet and exercise for breast cancer patients

METZOLIMOS

Advanced bone cancer treatment with a combination of chemotherapy and immunosuppressants

ASPIRIN

Aspirin for recurrence and survival in colon cancer

PRIMMO

Immunotherapy, radiation and an immune modulatory combination in cervical and uterine cancer

AML-ViVA

Treating leukaemia patients with chemotherapy and 2 repurposed drugs

10 recruiting and ongoing trials

2019: Request for Application

Reducing recurrence rate for cancer patients treated with curative intent.

- Selected trial: pan-European **study in retroperitoneal sarcoma** (250 patients to be recruited over 5.5 years): EORTC STRASS II-trial
- Total study cost of approximatively €2.9M, of which €1.4M was already secured. The Anticancer Fund agreed to provide €700,000.



- *The STRASS-2 trial is the logical next step after the STRASS trial.*
- *Final results of STRASS have just been published in the Lancet Oncology. STRASS was able to show that:*
 - *preoperative radiotherapy is not needed in patients with resectable retroperitoneal sarcoma. A major results for patients who will now be spared an unnecessary treatment and its associated toxicity.*
 - *running a definitive trial on a major clinical question in a rare sarcoma is possible thanks to collaboration*
- *With STRASS-2 we hope to show that neoadjuvant chemotherapy is worth it, as it may improve survival of patients with retroperitoneal sarcomas.*

2020: Joint Call for Research Proposals



Call for Research Proposals

The RTFCCR/ACF Multi-arm Clinical Trial Award

The Rising Tide Foundation for Clinical Cancer Research (RTFCCR), a Swiss-based non-profit organization, and the Anticancer Fund, a Belgian non-profit organization with an international scope, have joined forces for this unique opportunity to support high quality clinical trials focusing on drug repurposing and therapy optimization, with special interest in the following areas

- Rare cancers (<5/100,000)
- 'Financial orphan' drugs (commercially neglected drugs)
- Off patent drugs
- Prognostic and/or predictive biomarkers

We call upon all investigators to submit proposals, where funding is required to initiate a new arm of an existing multi-arm trial.

Requirements include having a strong rationale with rigorous and compelling supportive data, in addition to a detailed statistical design and methodology.

Applicants are strongly encouraged to include patient input into clinical trial design and priority will be given to those applications that clearly demonstrate this input

Amount available for this call for proposals will be at least US\$ 3 million. The amount allocated per grant will depend on the number of proposals selected for funding

Application Deadline: February 28, 2020

Research proposals must be submitted through [proposalCENTRAL](https://proposalscentral.com/Proposal/C2.asp?SectionID=7&354ProposalID=1) at the link:

<https://proposalscentral.com/Proposal/C2.asp?SectionID=7&354ProposalID=1>

The winning proposals will be announced in the 3rd quarter of 2020.

- Call for Research proposals
- Together with “**Rising Tide Foundation for Clinical Cancer Research**”, a Swiss-based non-profit organization
- Amount available for this call for proposals: at least US\$ 3 million
- Application deadline was 28 February 2020
- Final projects (2) selected, contract discussions ongoing

Example of focus area: Repurposing

REDO DB

The Repurposing Drugs in Oncology Database

Drug repurposing is a drug development strategy predicated on the reuse of existing licensed drugs for new medical indications. Based on extensive literature research, the ReDO project has identified 268 licensed non-cancer drugs with published evidence of anticancer activity.

268
DRUGS

Generic
known safety ✓
cheap ✓



cardiovascular
anti-parasite
nervous system
sensory organs
respiratory
dermatologicals
musculo-skeletal

insecticides
alimentary tract
hormones
anti-infectives
genito-urinary system
metabolism
system blood

190 LATE STAGE ONCOLOGY TRIALS

brain & CNS
gastro-intestinal
pediatric

hematologic
breast
lung



Aspirin 14%
Zoledronic Acid 11%
Metformin 9%
Vitamin D3 6%
Celecoxib 6%



- Drug development strategy predicated on the reuse of existing licensed drugs for new medical indications
- A cost-efficient way to increase cancer patients' treatment options.
- Repurposing still faces important scientific, financial and regulatory hurdles.

At the Anticancer Fund:

- Investing in clinical trials
- ReDO database
- Connecting stakeholders and policy work



Acting for policy changes

Example of policy work

Bringing off-label indication on-label

Work within the EU Commission Expert Group on Safe and Timely Access to Medicines for Patients (STAMP)

Off-label vs. on-label

- Off-label, though possible, comes with problems (delays, reimbursement, heterogeneity between EU countries)
- One issue is the lack of incentives for companies to bring an off-label indication on-label, in particular for inexpensive and/or generic drugs.
- Topic of interest for the EU Commission Expert Group STAMP



Connecting stakeholders

Paediatric platform

- In 2018 there was a lot of media attention regarding **DIPG treatment in Mexico**.
- **RIZIV/INAMI** was contacted to support the treatment offered by the Clinic in Monterey, Mexico.
- Organisations like **KOTK, KickCancer**, the **Anticancer Fund (ACF)** and the **BSPHO** were solicited and a meeting was organised by Jo De Cock (INAMI/RIZIV).
- It was suggested to set up a platform to discuss how **to better “support” patients and parents**.
- A small **working group** (BSPHO, KickCancer, ACF) was created to explore the feasibility of a platform and to make recommendations.

Round table on cell therapy

- Joint exercise between 3 non-profit organisations active in Oncology and academic research laboratories active in the field of cell therapy in oncology
- Aim: ensure that academic projects can lead to **effective** treatments that could be brought to patients **in time**, in a **safe** and **affordable** way
- Round tables to address feasibility of academically developed cell therapy in Belgium:
 - March 2020: representatives of Belgian academic centres involved in cell therapy research in oncology
 - October 2020: CEOs of University hospitals and Tech Transfer people of Universities





Informing Patients

Informing patients

- In the past: ESMO guidelines for patients
- ReDo database
- Boek “100 vragen over kanker” with Johan Swinnen and KOTK (foreseen October 2020)
- Paediatric platform
- And...

My Cancer Navigator





My Cancer Navigator



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Why we do it

- Patients sometimes have difficulty asking and/or understanding the information they need
- Cancer patients have many information needs, not all of which can always be adequately addressed during a visit
- Underlying reasons for suboptimal communication may be present both on the side of the patient as well as the healthcare provider
- There is a lot of disinformation online and offline

Goal: to support patients to engage in shared decision making, based on adequate and relevant information

Note: service is also available to physicians!

Henselmans et al. Health Expectations, 18, pp.2375–2388

Chua et al. *ecancer* 2018, 12:873 <https://doi.org/10.3332/ecancer.2018.873>

More information on: <https://www.anticancerfund.org/en/informing-patients>

What we do

We provide non-judgmental, evidence-based information about

- specific types of cancer and their characteristics,
- treatment options suggested by international guidelines,
- experimental treatments and clinical trials,
- treatment centres and experts across borders,
- and drug interactions.

We also summarize the available scientific evidence on alternative or complementary treatments the patient is considering.

Who we are

ACF medical doctors:

- Gabry Kuijten – Coordinating Physician MCN*
- Guy Buyens – Medical Director
- Muriel Sterckx – Physician MCN*

ACF scientists:

- Klara Rombauts – Research Manager
- Liese Vandeborne – Research Manager
- Rica Capistrano – Research Manager

Consulting specialists:

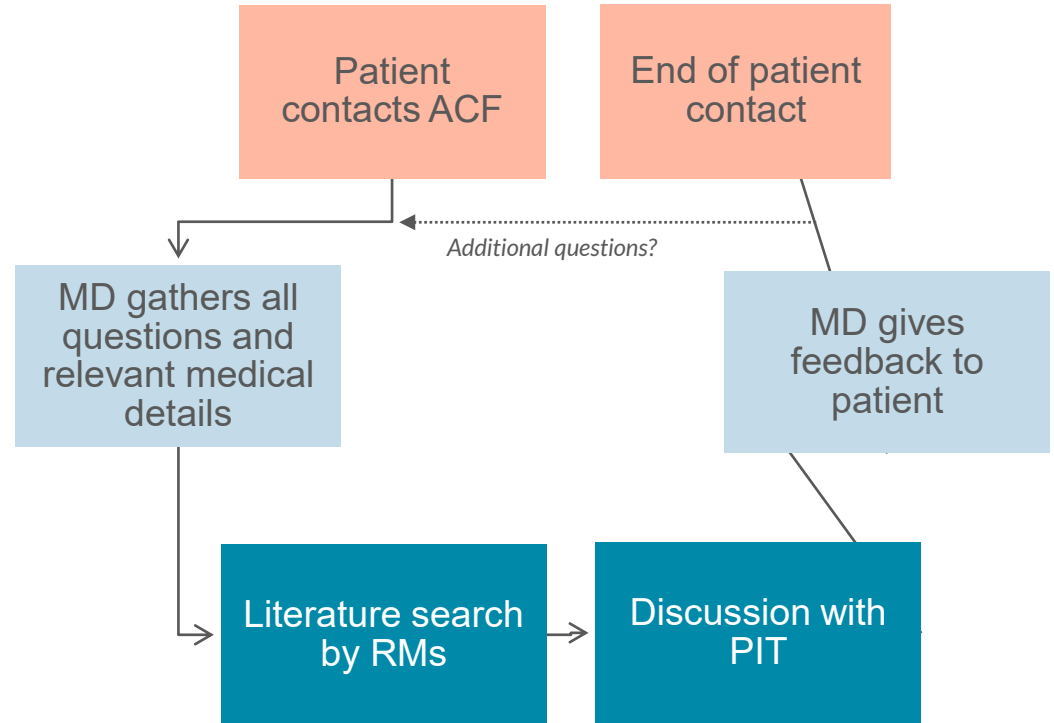
- David Walker – Medical Consultant (Paed CNS)
- Nicolò Battisti – Medical Consultant (Onco)
- Nina Neuendorff – Medical Consultant (Haemato)
- Sergio Crispino – Scientific Consultant (Onco)

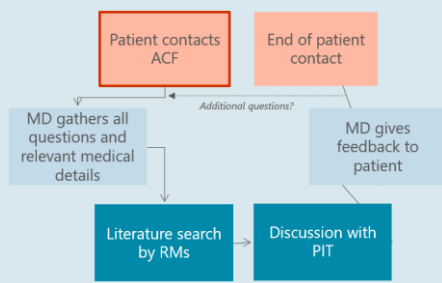


How we do it



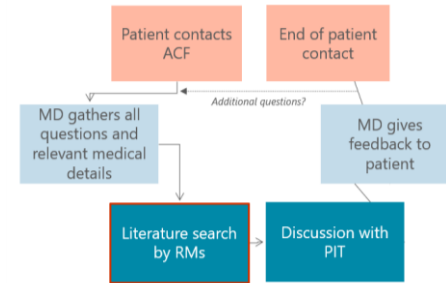
My Cancer Navigator
is a personalised service addressing information needs in a manner that is relevant and understandable to the patient.





Patient contacts ACF

- Via phone, website contact form or e-mail
- Incoming cases are divided between MDs (contact with patient) and RMs (lit. search)
- E-mails are answered ASAP, usually on the same day or after 1 working day
- First call = who we are, what we do and how we work + which information about the patient we need + consent to privacy policy



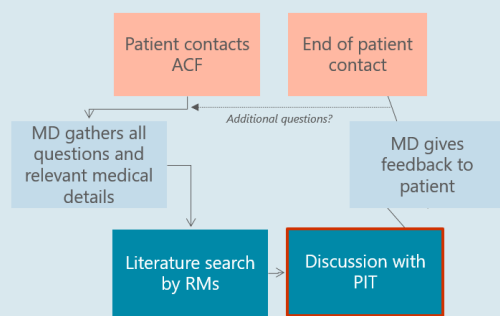
Literature search

- RMs perform a literature search to gather information for answering the patient's questions
- Frequently consulted sources:
 NCCN / ESMO guidelines
 PubMed / BioMedTracker / UpToDate
 ct.gov / ICTRP
 cam-cancer / MSKCC
 ExpertScape



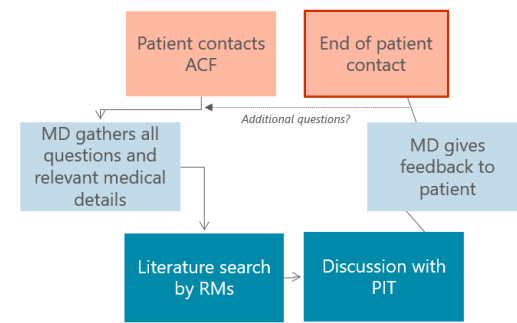
Work document

- [Template](#)
- [Sample case](#)



Discussion with PIT

- PIT meeting every Monday at 13h30
- RMs prepare and send out agenda in advance
- RMs take notes of discussions during PIT meeting
- MD and/or RM provides this feedback to patients (orally/written) after PIT meeting



End of contact

- If new questions arise, RM performs new search
- If all questions are answered, the contact ends

Disclaimer

“Please note that we do not provide advice nor a second opinion. We are a team of scientists and doctors. We encourage you to discuss our information with the treating physician.”



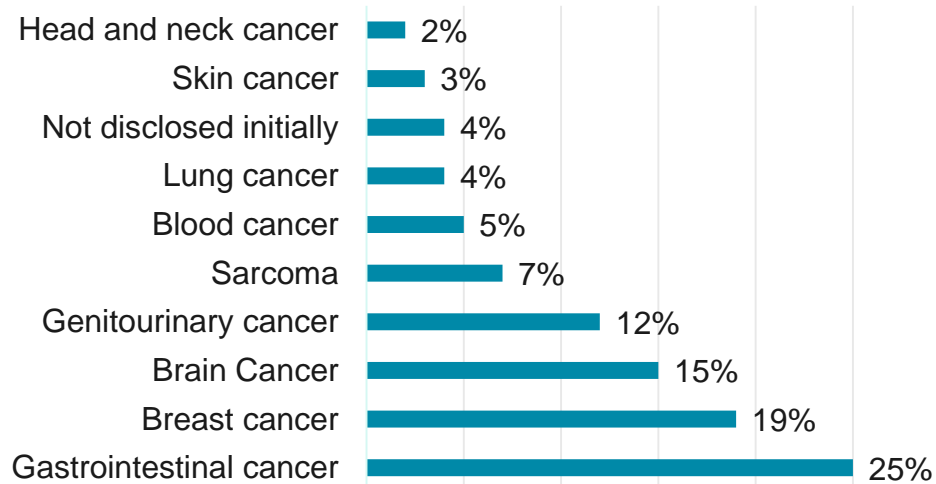
Patient Summary

- [Template](#)
- [Sample case](#)

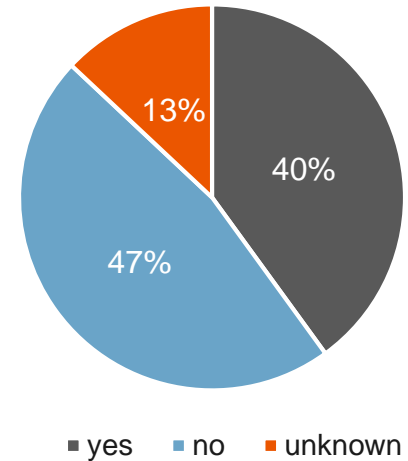
For Whom?

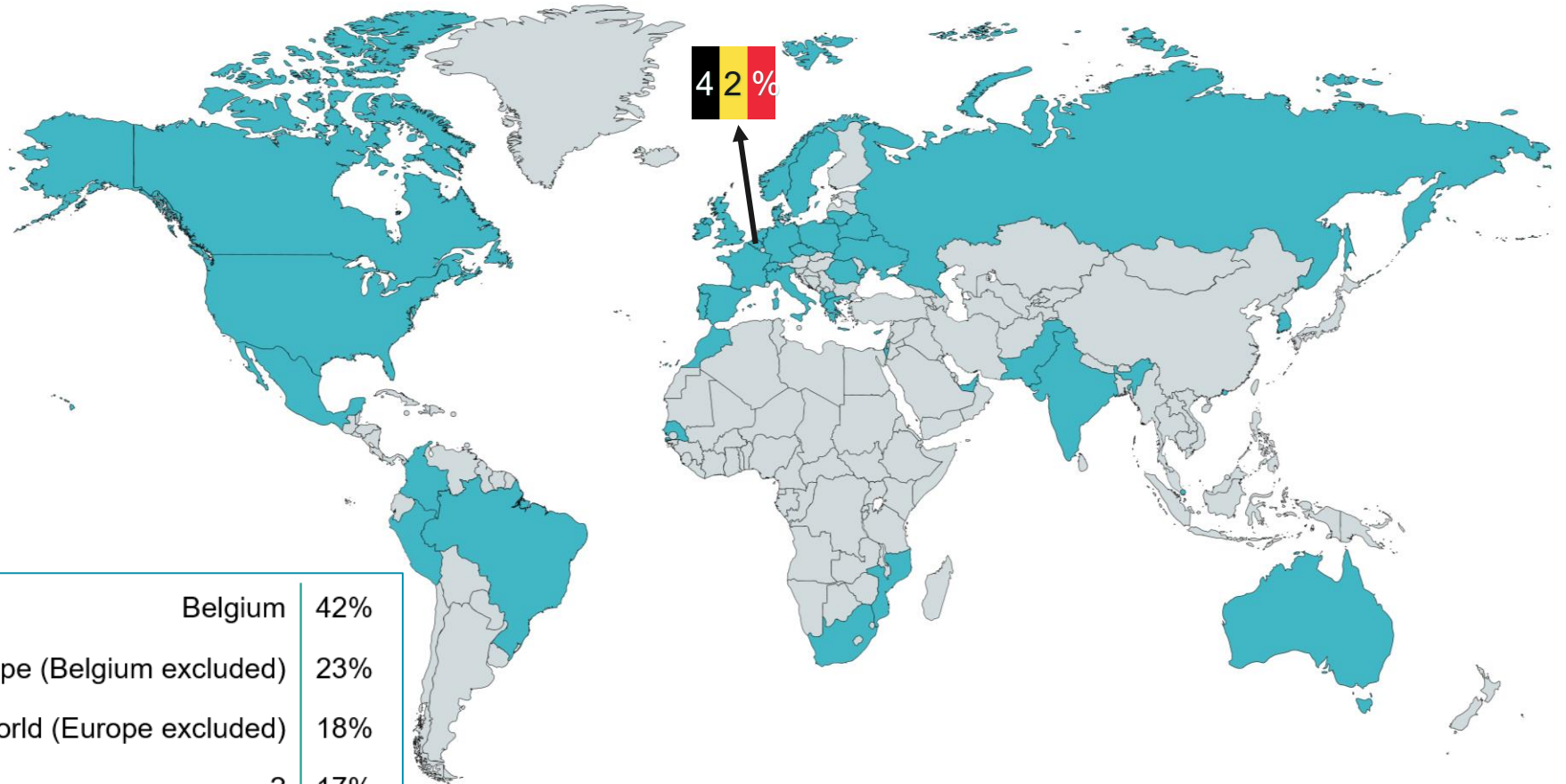
298 patient cases in 2019

Diagnosis



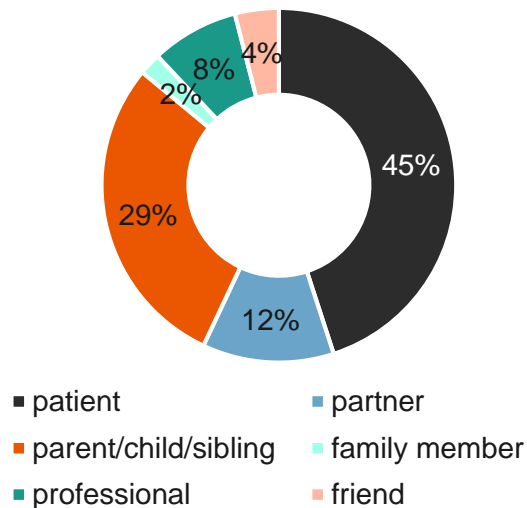
Metastasized?



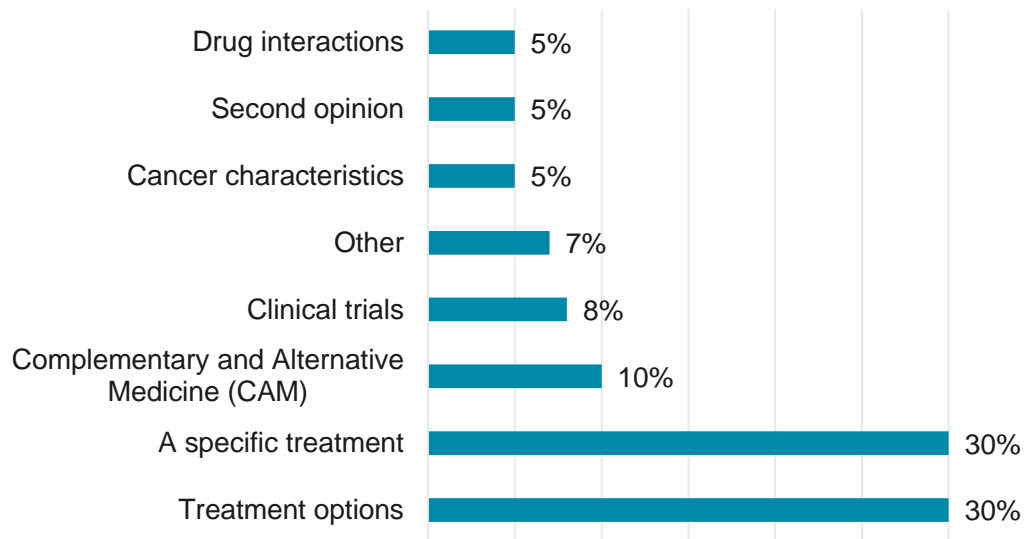


298 patient cases in 2019

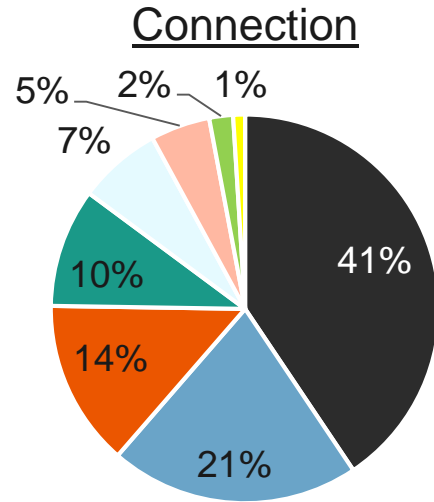
Who is contact person?



Questions about...



298 patient
cases in 2019



- unknown
- via ReDO
- via partner

- viavia
- via medical professional
- via press

- via ACF-team
- via organic internet search



What's next for My Cancer Navigator?

What's next

- Expand service to reach more patients *and* physicians
- Secure funding and/or collaborations to achieve a sustainable model
- Build or find a platform (CRM-like) to increase efficiency



ACF and pharma companies

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Where does our work intersect?

Clinical trials

- Development and support - e.g. investigational product, IIS requests
- Patient eligibility, recruitment status, expected results

Medical Information

- Referral of patients / physicians who might benefit from My Cancer Navigator
- Availability of medications – e.g. expected reimbursement, expanded access etc